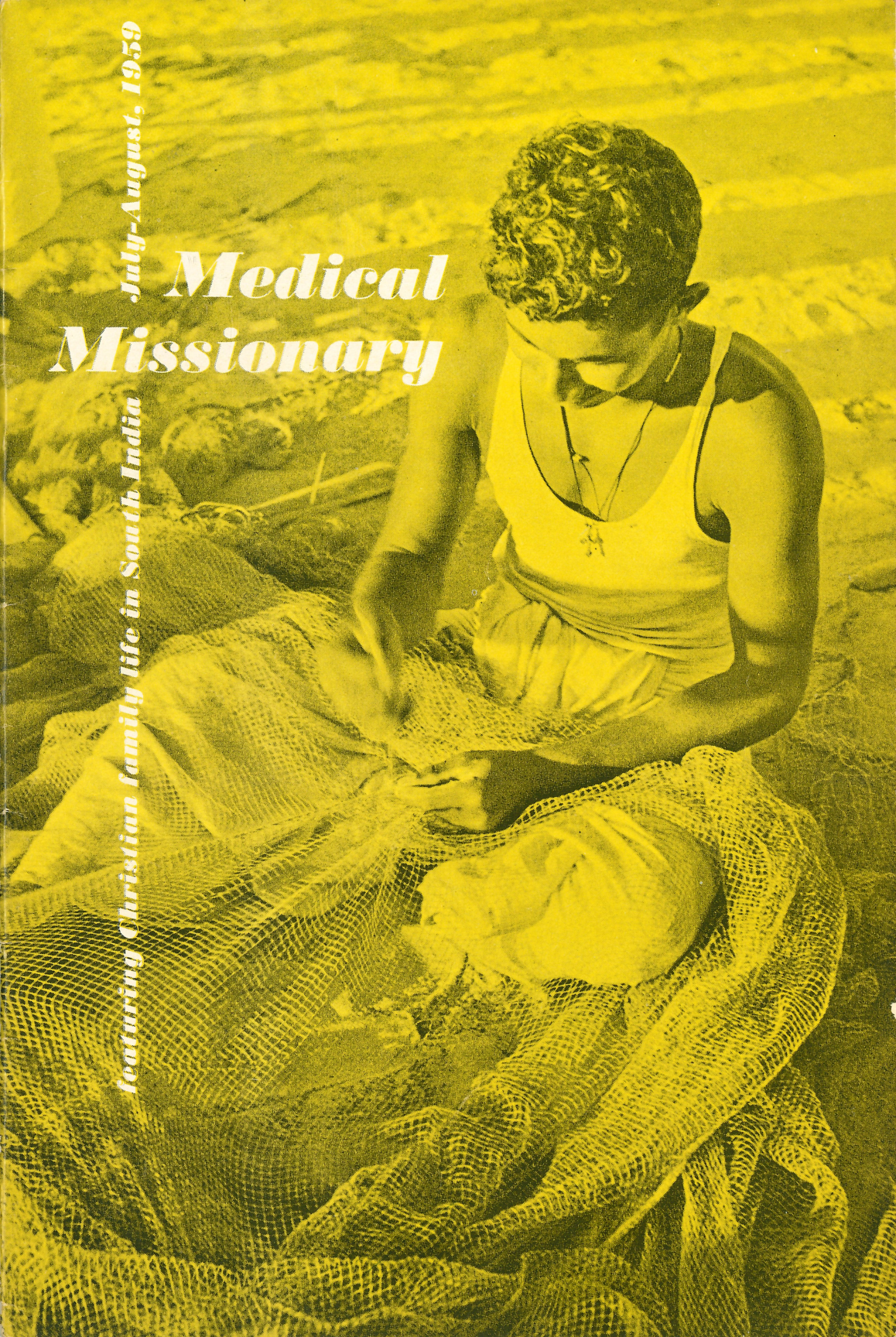
July-August, 1959
Medical Missionary
featuring Christian family life in South India

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the medical missionary

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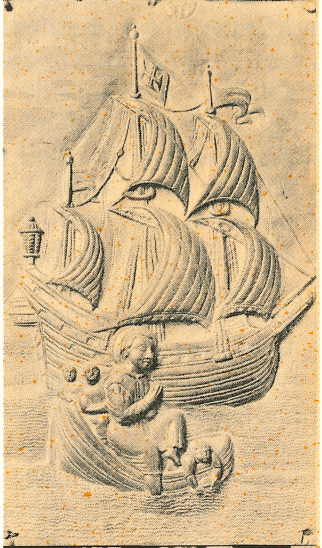
Kerala counts the cost

Catholics and Christians, in the smallest and most southern of India's 14 states, are fighting one of the hardest and most vital battles in their long history since St. Thomas landed on their shores 1900 years ago. At that time the section was known as the Malabar Coast, now it is called Kerala. For the first time in its history the eyes of all India and the whole world are upon Kerala because a Red dominated government holds control over its state government, and Catholics of this area face another prolonged battle in their nation's supreme court, over the Kerala State School bill.

Kerala has an area of about 14,980 square miles — about the size of the state of New Hampshire. It is a beautiful country and from ancient days it has been famous for its peppers, bananas, rice and tapioca plants. The population of the state is over 13,500,000—the Hindu population numbering 8,000,000, the Moslems about 2,000,000, and Christians inclusive of Catholics, dissident Jacobites, and Protestants exceed 3,500,000.

While Christians in the state of Kerala number about 13%, the highest proportion of Christians in any state in India, and in sharp contrast to the 1% in the whole of India, still they form a minority group. Almost one and a half million are Catholics of the Oriental rite, and about 850,000 are adherents of the Latin rite. The main body of the Oriental rite Catholics are the descendants of the St. Thomas

St. Thomas, stone engraving on his tomb, South India.



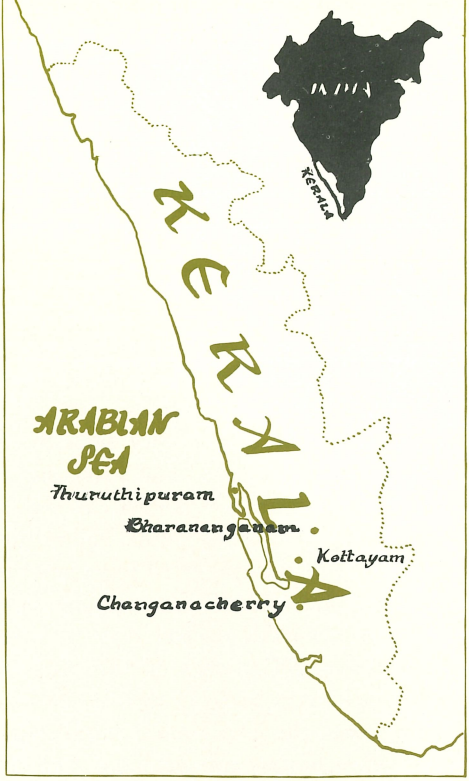
St. Francis Xavier, Relief in silver, from the Shrine in Goa.

His Eminence, Cardinal Gracias of Bombay.

Christians. According to tradition, St. Thomas landed on the Malabar Coast in 52 A.D. and first preached to the Jews at the trading center in Musiris. Later he approached the Hindus, travelling from village to village, performing miracles and converting many to the true faith. He suffered martyrdom in Mylapore near Madras in 72 A.D. Most of the St. Thomas Christians were originally high caste Hindus and were held in high prestige after they became Christians. Today they use the Syro-Malabar rite with Syriac or Aramaic, as the language, in their liturgy. This was the language used by Our Lord Himself.

In 1514 when the Portuguese missionaries came to India, for the first time in history, Christianity was preached to low caste Hindus in many other parts of the country. These Christians became followers of the Latin rite.

In the free elections which took place throughout India in 1957, the electorate painted the new state of Kerala *red* and a Communist State Cabinet of eleven members was put into power. What were the causes that ushered Communism into this part of the country, so steeped in Traditionalism? Kerala is a rich state; rich in minerals, agriculture, plantation products; it has the distinction of being the pioneer in the rayon industry. But Kerala is a deficit state. There is not enough food to feed the people and there are not enough jobs for the educated middle class which is very numerous: the state has a very high percentage of literacy, nearly 45%. The greatest problem of the state is population—it has the highest density of all states of India and pressure on the land is very great. Land is measured in tenths of an acre, and the average income is only $24.00 a year!



Cardinal Gracias of Bombay stated recently that "the situation in Kerala cannot be viewed without deep anxiety . . . the Communists there have carefully leveled their heaviest attacks at social and economic inequalities so as to make great inroads among the jobless, landless, and lowest social ranks. To millions groaning for years under social and economic disabilities, they have appeared as prophets of a new era.

"Kerala," the Cardinal continued, "is perhaps the only place in the world where the Communists had been compelled to operate under a democratic constitution. They used the parliamentary machine to capture power and they will retain that power until they can throw democracy out, lock, stock and barrel."

The advantages which the Reds wield over Asia's hungry masses lies in their promises. One of the their first prom-

ises in Kerala was "We will not interfere with the religious affairs of the people." It was but a few months later that the new educational bill was proposed. Immediately, Catholics and other Christians gathered their forces to protest. Last year President Prasad declared it unconstitutional. A watered-down substitute, just as objectionable, was recently passed by the Red dominated state legislature. Last month this was signed by President Prasad. Both Hindus and Catholics have joined to protest their new deprivation of religious liberty. The Bishops ordered all Catholic schools to remain closed. The new legislation gives the government the right to take over all schools it deems "poorly managed". It governs the choice of textbooks and gives the state the right to control the appointment of teachers.

Speaking in Bombay on March 11th, Cardinal Gracias said: "The New Education Act hangs over the heads of the Kerala Catholics like a sword of Damocles. Where is the freedom to administer our own schools, as guaranteed by the constitution if we are not free in the choice of teachers and in other important matters?

"How can Catholic education be provided if the managements are forced to accept teachers who may be Communists and unbelievers? In these circumstances can we continue to run our schools as aided schools, defeating the very purpose of their existence? This is a grave issue that has to be faced by the Church in Kerala and, for that matter, the whole of Catholic India." Like the previous bills, this new law will have to be argued out again in the national supreme court. The Cardinal also stated that Indian Communists have been instructed by the party to re-write the textbooks "reinterpreting and correcting" what has been previously taught. Communism thrives wherever people are hungry and desperate. But the Christians of Kerala have not been deceived. They know that contrary to Communism's threat, "man does not live on bread alone, but by every word that proceeds from the mouth of God." As Father Vann, O.P. says in a recent book: "Communists and others who have no belief in Providence or in eternal life must of necessity think only in terms of bread or natural needs . . . but the true order for the Christian is first he must serve God, and then only be concerned about bread." *Seek ye first the kingdom of heaven and all these things will be added there unto.*

The terrible danger is that the Communist government in Kerala, which has more Christians than any other state in India, may be used as a convenient springboard for capturing power in the whole of India. Is this the price of neutrality, of cordial relationships with Communists, of allowing their country to be overrun with Red propaganda and literature? It may be that the Christians of Kerala, if they heroically continue to unite to combat the dangers of Communism in their own state, may unwittingly be the saviours of the whole Indian people, by alerting them to the evils of ungodly education. An outstanding Communist in Kerala recently boasted: "We work hardest, we will win." Let us come quickly to the aid of our Christian Brothers and Sisters in Kerala that while they work, they may be doubly supported by the prayers, sacrifices and good works of the whole Church. Then, they may say: "God is on our side, and His Providence will not fail." *Sister M. Angelica*

Christian family

There are numerous noteworthy socio-religious customs and observances in the domestic life of Malabar Catholics. Most of these are traceable to early centuries of Christianity when the Christian observances gradually assimilated whatever was adaptable in the customs and ways of the higher strata of Hindu community, from which the forefathers of St. Thomas Christians, as they are known in every subsequent century, embraced Christianity. The following are but a few of the religious observances affecting family life in this ancient, but vigorously growing and dynamic Catholic community.

Normal Catholic families in Malabar* begin the day with the recital of the *Angelus*. Even children of school-going age are made to respond to the prayer, no matter even if it is in a semi-sleepy state from their beds. The older people in most families will follow up their morning prayers with many more devotions, as e.g., the Seven Sorrows of the Blessed Virgin, the Sorrows and Joys of St. Joseph, the "Forty Beads" for the Souls in Purgatory, and in rare cases, the complete Rosary of all the fifteen mysteries, before the first glow of dawn. Many of the elders and quite a few of the youngsters also attend daily Mass.

The early hours of the evening are of much more solemn significance in every Catholic family of Kerala. The *Angelus* (or its seasonal variation) is again recited, followed by the Rosary, the Litany of Loretto, prayers for the Holy Souls (sometimes the Litany of the Souls in Purgatory) and many other devotional prayers, both common and individual. (Children are made to recite the whole round of the prayers they learned in their Catechism classes). After the prayers the children now standing, greet their parents and all their elders with *Eeso Misihaycku Sthuthiyayirickatte* (i.e., Now and forever let there be praise). There are also the traditional formulas with which priests are greeted in Malayalam, the language of the region. The greeting is uttered and responded to with folded hands and bowed heads. Children then kiss the hands of parents and elders.

The whole Catholic neighborhood takes part in the mourning, wake, and funeral services when death occurs in any Catholic family. Sometimes the whole parish, or at least one member from each family, will be there for the solemn funeral rites. A silken veil that is spread over the remains takes the place of the "holy cards" and flowers sent to Funeral Homes in U.S.A. The lying-in-state is arranged invariably at the home of the dead. It lasts normally one full day and

*The ancient name of Kerala has, of late, been restored to this Geographical area, after its being constituted into a compact political unit in independent India.

customs in Malabar

Rev. Thomas T. Paruvanani

night, the funeral as a rule taking place not later than the third day of death. This is essential in the tropical climate of South India. Continuous prayers are said, and Passion hymns are sung all through the "wake" till the body is solemnly borne to the church with all the paraphernalia of festival processions, mournful band, and priests chanting the funeral service on the way. This is followed by solemn High Mass called *Rasa* (celebrated with the assistance of four ministers), solemn singing of the Office of the Dead and final obsequies. Afterward there is a meal for all who participated called *Pashnikanji* (translatable into "breakfast," in the sense that all, especially the immediate family may have been fasting all the while) prepared by the family of the dead, both at the Rectory and at home. This meal must be completely vegetarian. Meat is allowed only after the function called *Pulakuli* observed any odd number day within two weeks of the death, again with purely vegetarian meals.

Marriage receptions are held at the respective homes only,

"Suffer the little children to come unto Me".

whether they be rich or poor. It is significant because of the importance attached to the first entry of the bride to the home and family where she has to prove her worth as an obedient, efficient, tactful spouse, and daughter-in-law. She is ceremoniously received at the porch of the home of the mother-in-law in solemn embrace and garlanding with a gold Rosary which was already blessed by the priest at the wedding ceremony.

During special liturgical seasons and at other times more devotions are added. In some families the different months are taken up with extra meditational readings, prayers, and hymns, as e.g. May for the Blessed Virgin, April for Holy Ghost, June for the Sacred Heart, October for Holy Angels, November for the Holy Souls, March for St. Joseph. Holy hour on Thursdays and Sacred Heart devotions on First Fridays are more recent additions.

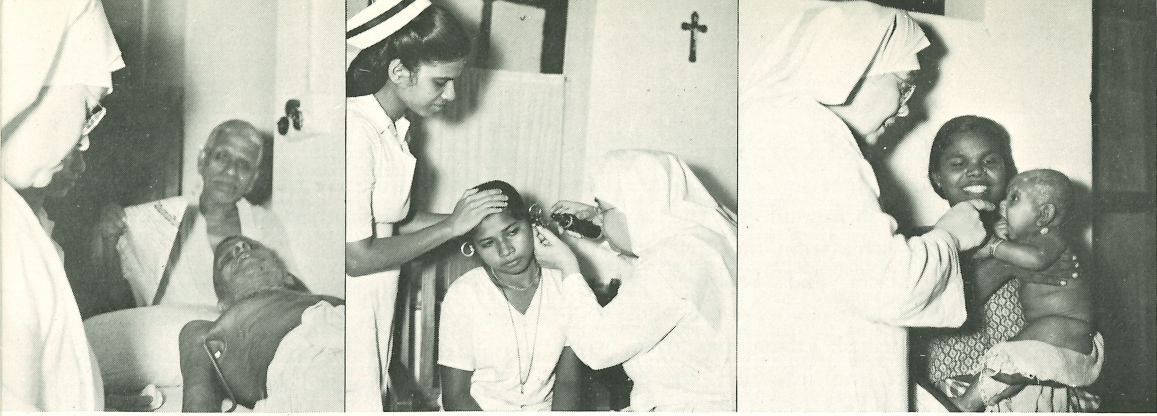
The feeding of the poor on higher feasts is one of the most beautiful customs of the country. On the feast of St. Joseph everyone who can afford it, feeds three people—father, mother and child to represent the Holy Family.

Holy Week is of special significance and observance in a Malabar Catholic family. Everybody, as a rule, will receive Holy Communion on Maundy Thursday, and take turns for the all night and day adoration of the Blessed Sacrament on the Altar of Repose. Fairly late at night, in an atmosphere of elegaic and mournful songs of the Passion, the family assembles for the breaking of the "Unleavened Bread" which the Head of the Family, Grandfather, Father, or Eldest of the Brothers as the case may be, cuts and distributes the special Paschal Bread baked at home, with plantain (i.e. "banana") fruits and a drink called "milk" prepared from coconut juice, sugar or equivalents (the ideal sweetening substance is raw sugar balls from sugar cane juice) and spices. In years when bereavements occur in the family this bread-baking is omitted as a sign of mourning, and the immediate neighbor supplies it in good neighborly and Christian understanding. Paschal bread is also observed in Rectories between the Pastor and Curates, and their housekeepers and servants, who are always men.

Good Friday is completely marked by sorrow and mourning. No loud talking, no musical sounds, no kind of housework or cleaning of yards (an invariable daily item in all Kerala homes, whether Hindu or Christian) no lighting of lamps at night-fall, no common prayer (all prayer in the family is said silently and individually). Almost all day Good Friday the mournful vocal singing of hymns of the Passion, especially on the sorrows of *Mater Dolorosa* will be heard.

(Rev. Thomas Paruvanani is now at Fordham University, N.Y.C.)

Our Cover: Kerala Fisherman mending his net. Depressed classes of fishermen get special attention from Communists. First act of the Party was to give them compensation for flood damages.



Sister M. Francis, M.D. with patients, A.A.J.M. Hospital, Thuruthipuram, S. India. Sister Francis, M.D. is now at Kokofu Leprosarium, Ghana, W. Africa.

TB *a family disease*

Sister M. Francis, M.D.

It is a few years since the hospital opened here in Thuruthipuram. During this time we have had an opportunity to see what are the most pressing needs of the area. Although Thuruthipuram is a small place, it is densely populated. Also, we serve the surrounding villages so the dispensary is very busy and the hospital is full.

Looking over the diagnoses, the word "Tuberculosis" is the most frequent. The form most common here is the pulmonary or lung form, though there are patients with TB glands, TB of the bone or spine or abdomen.

Our problem is easily appreciated if one simply stops to remember a few well-known facts of the disease in its lung manifestation. It is a communicable disease transmitted by bacteria found in the sputum, even, sometimes in the spray from coughing or sneezing. People of all ages are susceptible, but most cases occur between 15-35 years. It flourishes where there is malnutrition, poor hygiene and crowded unsanitary living quarters. It may become chronic and the patient may go on with it for years or it may be acutely fulminating and kill its victim in a brief time.

Thuruthipuram—Coconut Paradise is a picturesque place. There is mile upon mile of stately coconut trees, their graceful palms swaying lazily in the breeze. At night against a star-studded sky their beauty is breathtaking. At the foot of these lordly trees are little homes. The poorest are built on the ground, and made of the leaves of the coconut palm woven together. Better homes are elevated some three feet above the ground and stay dry in the yearly flood season. They are made of latrite, a stone found in these parts.

Tuberculosis is no respector of pocketbooks and some few of the patients live in good surroundings. The majority, though, come from the little, ill-ventilated places and because they are crowded, almost always the whole family is infected. Often, too often, when we trace the infection we find the source is a nice old lady or genial old man who "has always had a cough" and "who doesn't bother about it". The sputum is teeming with bacilli and grandfather proudly and happily carries the little grandchildren or carresses them on his knee—meanwhile coughing all over them! Or grandmother, looks after the little ones while mother is working and she too coughs and coughs and soon the child is coughing too! The so-called "good old chronic" is very active and responsible for many new cases. Unfortunately treatment for them is not very successful.

The people of this area are recognized as being very poor even by Indian standards. The men make a living fishing, or working with the coconut trees, or by dredging sand from the river or canals. The work is poorly paid. Much of it is arduous physically and the men are often exposed to the elements. The diet of the poor is extremely simple, rice, a few vegetables, occasionally fish, and rarely meat. Therefore, malnutrition and vitamin deficiencies which predispose to infection are the accepted thing. When exposed to the bacilli these individuals have no resistance.

In the beginning, the high incidence of the disease appalled us. One wondered what could possibly be accomplished when the task was so huge. It is true that we have miracle drugs — streptomycin, PAS, INH, *but* these are expensive. How to make them available to our poor people? Also, rest is an important adjunct in treatment. And what about the nourishing diet conceded to be so important?

From the beginning we have made an effort to treat the individual not as an isolated unit—but as a part of his family. Because we had no facilities for sanatorium care, we have had to work out a programme of Dispensary Treatment on an ambulatory basis. All the members of the family are urged to be examined and all members infected are asked to take treatment. Rest, as much as possible, is insisted upon. Often a mother must care for her family or a man must work. However, in many cases, other relatives will help out, so that the needed rest can be taken.

The "Swing method" of therapy has been used and the usual procedure has been to give adults one gram of Dihydrostreptomycin (lately a mixture of Streptomycin and Dihydrostreptomycin) twice a week up to 10-15 grams. Along with it they get Isonicotinic Acid Hydrazide, Calcium and Cod-liver oil and Cough Mixture. When the injections are finished PAS and INH are given with Calcium and Cod-liver oil. The children receive doses of medicine according to weight.

The poor of the vicinity receive approximately 1 quart of milk a day with 6 oz. of butter oil twice a week to supplement their diets. An effort is made especially to see that the children receive the extra milk.

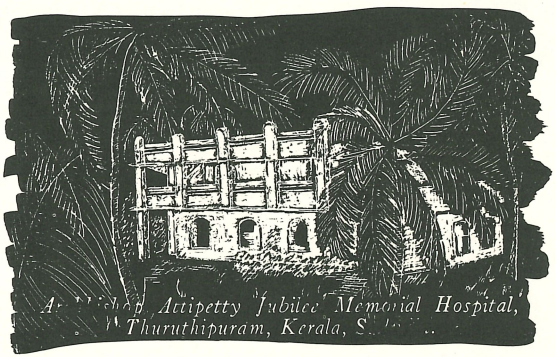
One difficulty that has occurred over the past two years is to get the patients to continue treatment for a sufficient time. As soon as they feel well, they have a tendency to stop. Why spend more money? Why not go back to

work? It is hard to make them realize that a relapse is possible when they feel so well and so, alas, we have had a share of relapses in patients whose initial response to treatment was excellent.

We have had leaflets printed in the native tongue, Malayalam, explaining in the simplest form what the patient must do to get well, and to protect his family. We feel they have helped. Yet most of our patients know little of the Germ Concept of Disease and consequently their response to the instructions suffers from that handicap.

The disease is far from "licked". There is a long road uphill ahead. Our dreams for the future include mass X-ray survey of the population—it is a possibility, albeit, a remote one. Another dream is for airy wards for men, women and children with special provision for our maternity cases who have TB, e.g. Sanatorium Care. Meanwhile, we continue chipping at the task day by day.

We have had large signs put up "Do Not Spit". One amusing incident occurred when I asked a patient who was complaining of a sore throat to open his mouth. A look of dismay and bewilderment came over the man's face. "What is wrong?" I asked. "He has to spit, Sister", came the reply of my nurse. Then, there was the man who ran all the way from the verandah to the road to spit. I am teased about my slogan "Do Not Spit". None the less it is important—and little by little, with help from all sides, we shall win the battle. In this one corner of the field of Health and Preventive Medicine we are faced with a staggering task. It is probably the most difficult of all problems which doctors and health officers in India must face.



A [illegible] Attipetty Jubilee Memorial Hospital, Thuruthipuram, Kerala, S[illegible]

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Almost two years ago a pitifully thin little South Indian girl named Elsie was admitted with widespread tuberculosis of the glands, and probable pulmonary TB. No one expected her to live more than six months, but she was none the less given a full course of Streptomycin and Isonicotinic Acid Hydrazide. She survived and put on quite a bit of weight only to come down with a severe dysentery the next year. The hard won pounds rapidly disappeared, and a mere skeleton with sunken eyes and tightly stretched skin was again admitted, despaired of, and in the end cured. Last November a terribly bloated little child with acute nephritis was admitted to the ward. She was so edematous that it was not until we saw the mother that we recognized, none other, than our Elsie.

Elsie was already developing severe symptoms, when the doctor decided to give her one more ampoule of 50% Glucose I.V.—within two hours, although nephritis cases are always slow to recover, she was "over the hill", and her condition improved slowly, but surely, from that day. The mother had been quite sure all the time that we would cure Elsie; she had previously decided that the doctor was a genius, the sisters all angels, and American medicine nothing short of miraculous. (We could not convince her that Glucose was manufactured right here in India.)

From that day forward, whenever she came to the dispensary with one of her seven children, she would invite us to her home. At length she heard that the doctor, the compounder, the lab-technician and "yours truly" were planning on going to the church feast in her village. We simply had to visit her house. Doctor finally promised that we would stop by at her house for a cup of coffee.

The Feast day dawned with Doctor Young flat in bed with 103° temperature and a bad reaction from a typhoid inocculation the previous night. By 10:00 A.M. she felt a little better, and it was decided to make a quick trip to Gothuruth, have that cup of coffee and return. We just could not disappoint that woman.

One of her elder boys was stationed at the front steps of the church watching for us. He had been there since 7:00 A.M. (it was then almost noon) just in case we might come early. We asked him if his mother was in church, but had to smile to ourselves as he replied: "Oh no, she went to 6:00 a.m. Mass and has been busy all morning cleaning the house, and dressing and undressing my little sisters!"

He led us down several little roads and paths, crossing a canal of water here and there, until at last we reached their small, but well built house. Unlike some of the neighboring huts—made completely of palm branches with a mud floor—this one had a good cement foundation and walls of latrite stone. (Latrite is commonly

coffee

Sister M. Suzanna (from Everett, Wash.) now at A.A.J.M. Hospital, Thuruthipuram, So. India.

Sister M. Suzanna, R.N.

found around here and is used in most constructions of better class permanent buildings). The roof was of course made of palm branches. Elsie's father is a carpenter, and being a skilled workman makes twice as much as the ordinary unskilled laborer. His wages are Rupees 2.75 (60 to 65¢ per day). In other words it takes him almost one week of 10 to 11 hours a day to make as much as an American carpenter makes in *one hour*. Of course everything else is proportionately cheaper, but still in no country in the world can you provide for a family of 9 with all the necessities of life on 65¢ a day. When illness strikes, there simply is no money for medicine, at least not for expensive and long term treatment. Elsie has had, is having, and will probably continue to have a great deal of free medicine. Now her mother was expressing her gratitude. It was obvious that she had indeed been cleaning since early morning, and all her children were dressed up in their Sunday best with faces shining from the good scrubbing they had received. About forty to fifty fresh-cut crimson flowers, suspended from the rafters by home-made cotton thread, hung over the table which was placed near the shrine, consisting of several pictures of Christ, Our Lady, and the Saints. All family prayers are said kneeling near the family shrine.

Ordinarily their living room furniture consists of 1 table, 2 chairs and a charpoi (sort of a string bed), but for the occasion an extra two chairs had been borrowed from the neighbors. We sat on the chairs and all the children squatted on the floor. A good many of the neighbors were gathered on the porch, just watching us, but much to my surprise all disappeared when we started to eat. They all re-appeared as soon as we were finished.

Mariam spread her best Nadan (a type of veil worn

by the women in church or on special occasions) as a tablecloth and proceeded to bring on "the coffee". We had expected two or three side dishes, but the table was literally crowded with plates of all kinds of delicacies. Since Doctor Young was not feeling too well, and had to settle for a cup of coffee and a tangerine, Mariam decided that I had to take not only one, but two servings of almost everything on the table. This included four types of bananas, one served raw, another steamed still hot in its pealing, a third dipped in sweet batter and fried, banana chips—deep fried in coconut oil. Then there were the rice and coconut dishes—*Poota,* 2 inch rolls of rice flour and coconut, rice cakes with sour milk, balls of shredded coconut cooked in jaggary, hot salted cashews, picked from one of the neighbor's trees and toasted in coconut oil, Banana Halwa, a type of candy. This is made from a very ripe banana, sugar and fat added, cooked down until it forms a solid gelatinous brown mass. Then there was appam (a type of rice bread), and small cakes similar to sponge cakes except they are dryer, dates and of course tangerines, and, oh yes, there was coffee. I could not help teasing Mariam about the banquet she called a cup of coffee, but she just beamed and replied: "Three times my Elise was in the grave, and you gave her back to me. I can never repay you."

As there is no running water in the homes here, after coffee we all went out to the back porch where water was poured over our hands from a brass urn with a very long curved spout kept specially for that purpose. There was also a brand new bar of Lux soap, bought for us, I am sure. We were each provided with a clean towel for our hands, though we told Mariam we did not mind using the same one. After looking at the chickens and the goat, and meeting a few more neighbors in the yard, we were ready to depart, but when we tried to say good-bye, Mariam answered: "But you can't leave yet, you have not eaten." I couldn't help but gasp, "We have not eaten?" before I remembered that the Malayali hasn't eaten unless he has had his rice. At this point Doctor Young was looking a bit green. I thought we should leave, rice or no rice. I was trying to explain this to Mariam, but she started to cry and Carmely, our Lab technician said to me in English: "Sister, she has everything ready in the kitchen, she killed two chickens this

morning, and bought fish and meat just for this meal." Food must be eaten the same day it is cooked in this part of the world. We hadn't looked in the kitchen before, but then Mariam showed me all the bowls with banana leaves lined up on the floor. There are no cupboards or shelves in the kitchen here. The housewife squats on the floor to cook over an open fire, or, as in Mariam's house over a sort of open stone stove, which I can only compare to some of the stoves provided in State parks in my native Washington.

It was obvious that a great deal of time and money had been spent on this meal, and there was nothing to do but sit down and eat. Then another problem arose—no silverware—there were a few serving spoons, but that was all. I was not so sure I wouldn't end up with curry running down my arms, but I was about to follow the example of Carmely and Catherine, who were eating with their fingers, when one fork was resurrected for me, and one soup spoon for Doctor Young.

Mariam was quite disappointed at the small amount of rice I took, but I did manage to take a little of all the dishes served, which was quite an achievement. These included the Malayali version of fried chicken, chicken and egg curry, two kinds of beef curry, fish curry, roast beef and coconut, onion pickles, mango pickles and fish pickles. South Indian pickles have no similarity to the mild sweet or dill pickles served in the U.S.A. The curries are hot, but they are mild compared to the pickles. I like them, but they are so hot, they make you cry. During the meal I had to stop several times to blow my nose. Mariam quite solicitously asked me if I were getting a cold. I assured her that I was not, and was tempted to add, "If I were it would be burned out now," but instead I took another piece of appam to give my taste buds a rest.

After dinner Mariam invited us to lie down and rest for a while. Several of the little ones were already stretched out on mats on the floor, oblivious of the noise surrounding them. But at this point I decided it was time to put my foot down and take leave. All the children were lined up to say "Praised be Jesus Christ" to which I answered, "Now and forever, Amen."

When we arrived at Thuruthipuram, Sister M. Th. Pauline hailed us from the kitchen saying: "I have your dinner saved, it will just take a minute to heat it up." Now, I have never been exactly known for my small appetite, but at that point I could only answer, "No, thank you, Sister, I am not very hungry!"

YOUR WILL . . .

can help the Medical Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $_____for its purposes."

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above.

Indian Medical Mission Sister Nurse. Kerala, South India.

Sharing their wealth

Sister M. Richard, Ph.B.

South India is a rich land. The soil is dark and fertile and in his own back yard a man may grow the necessities and a few luxuries to suit his family's needs. The vivid color of the flowers—the bright skies and blue waters—rice fields, tapioca plants, coconut, tea and rubber plantations—everywhere there is the beauty of tropical vegetation. But with all the wealth of her natural blessings, and the richness of the treasure of her Catholic faith, the spectre of disease ever threatens their existence.

In 1939, the Medical Mission Sisters were asked to guide a group of young South Indian women who wished to become Religious and dedicate themselves to the service of the sick. These women had witnessed the effects of disease, the epi-

demics, the early deaths among their own people,' all of which could have been prevented. They knew that for their people malaria, tuberculosis, small pox, cholera, chronic anemia, and parasitic infections were expected visitors at each house. They recognized their own region's need for medically trained sisters. They knew that their area with its long history of Catholicism had almost no Catholic hospitals. In God's Providence this group became officially affiliated with the Medical Mission Sisters in 1953. Since that time, our religious family has been enriched and strengthened by over 60 professed South Indian Sisters. Today they conduct two hospitals in Kerala—one at Bharananganam and one at Changanacherry. A number of them are also serving the sick in the Society's other Indian centers in Patna, Mandar, and Thuruthipuram, India.

A few years ago, it was my privilege to be among these Sisters and to experience that bond of union which members of an international community enjoy. I participated in the ancient and magnificent ceremonies of the Syro-Malabar rite which the Sisters there follow. Graceful bows and clouds of incense, the deep reverence of the congregation, the singing accompanied by simple musical instruments. All of these I remember as part of their worship which was at once the same yet different from our more familiar Roman rite.

I visited the family of one of our Sisters and saw at first-hand the beautiful manifestations of their Christian life and felt the warmth and peace of a place where those dwell who know the meaning of life. As we toured their plantations of coconut palms and rubber trees, the spiritual wealth of this Indian family was as much in evidence as their material bounty. I watched the devotion and respect shown to their daughter who was consecrated to God. The same attitude was visible in the relationship between the Sisters and their parents.

The Society's hospitals in the South of India, situated as they are in Catholic surroundings, have a distinct contribution to make. It is a contribution that is different from other institutions located in areas where non-Christians predominate. The Catholic patients in Bharananganam, Changanacherry and Thuruthipuram depend upon the Sisters not only for care in their illness, they seek Christian sympathy. They ask the Sisters to help them direct their sufferings for His glory. The Sisters become a part of each family they assist, showing their joy at the birth of a new baby, advising the mothers, giving courage during difficult times, participating in the family's happiness and sorrow, sustaining, encouraging, and at the time of death preparing their patients to meet God. The Sisters in South India are part of their land and their people. Their task is not that of introducing Christ to those who do not know Him. Theirs is the duty of saving their peoples lives, confirming them in the Faith they already possess, urging them on to ever greater love for God. As medically trained Sisters they are making a special contribution to the church in India today—sharing their wealth of Faith and talents with their brothers in need — giving the lie to Communism. For the poor and sick who have been helped and healed in Christ's name will not be lured into the Red net by empty promises and worthless threats.

Prestheena

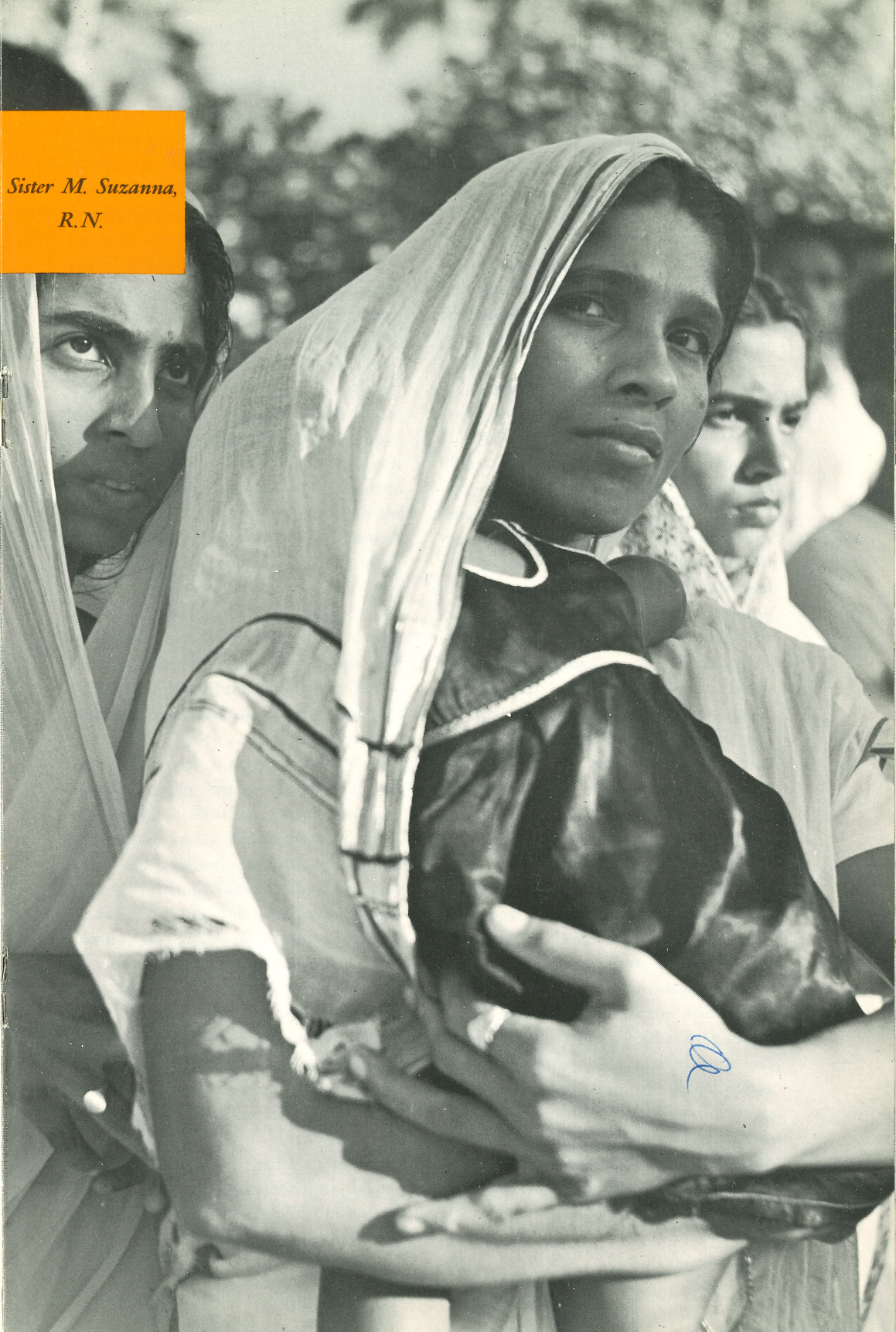
It seems only yesterday, that I was a young student nurse, struggling to memorize causative agents, incubation periods, and symptoms of a list of communicable diseases, among which was Typhoid. At the time, I wondered irritably, why we had to waste our time memorizing all that, when chances were we'd never see a typhoid patient. Little did I know then, just what the Lord had planned for my future.,

Now, those symptoms—fever, distention, diarrhoea, cardiac collapse—are not just uninteresting words in a book, but a challenge to medical care and nursing skill. Not every patient follows the text-book picture, in fact each one is just a little different, but the most interesting and the most challenging one in recent months was Prestheena.

Prestheena was a young mother of four children, expecting her fifth. She was a pretty little woman of slight build, who weighed all of 88 lbs., six months pregnant. Though quite poor, there was an air of graciousness and gentleness about her that marks the true lady. It radiated from her, especially from the large brown eyes, which looked even larger in her pinched little face.

Prestheena was carried in one Sunday on a charpoi (a string-bed). It was night and from the chapel window we could see the lantern-lit, make-shift, stretcher coming down the road towards our hospital in Thuruthipuram, South India; and all knew that a very sick patient was soon to be admitted. Prestheena had been ill at home for three weeks already and she was in a critical condition on arrival. She had barely existed during these three weeks of illness on a little *kunjee* water (rice water), so that in addition to typhoid, she was suffering from vitamin deficiency, anemia and dehydration. We started an I.V. Glucose Saline 5% immediately and added 500 mgm of Vitamin C, those precious sample medicines received from the U.S.A. We also gave Vitamin B intramuscularly, and then proceeded to give her a cold sponge, while the I.V. was being administered to bring her temperature down. On admission it was 104°, and it was to go higher yet, several times during the following week and a half. Those four trays of ice cubes in our kerosene refrigerator did not go very far on the days when her temperature ranged from 106° to 107°.

Three weeks of soaring fever at home and a diet next to nothing—Prestheena's condition was too poor to even risk giving her the needed Chloromycetin to combat the typhoid. The only way to improve her blood in a hurry, was by transfusions, but a patient with a temperature swinging from 97° to 107° is not a very good candidate for a blood transfusion—What to do? Our doctor took a deep breath and said, "We have to get some blood." Now that may not be difficult back in the U.S.A. where blood is as near as the phone, but here there is no blood bank within miles—as a matter of fact there is no phone either. Finding someone who is physic-


Sister M. Suzanna,
R.N.

ally well enough to give a pint of blood is difficult enough; talking them into parting with it, is almost impossible. We tackled the husband first, but he refused even to be typed. The next day her condition was worse, and we called the priest to administer the Last Sacraments. That convinced her husband that she really was going to die — and he gave the first pint of blood. We worked hard to get her temperature down to 101° before starting the transfusion, but had to discontinue it after Prestheena had had about 200 cc. because she got a reaction and became wildly delirious. On the following day, Prestheena was first sedated with Seconal and Demerol and was given an injection of anti-histamine to forestall any reaction to the blood. She finished the pint of blood but got another reaction at the end. Chlortrimeton (another anti-histamine) given intravenously and some more sedation soon quieted her down, and by the evening she was just a little better. With this bit of encouragement, the husband rounded up five more blood donors. (This might not sound so impressive, but in this part of the world it is a stupendous feat).

The next day four more donors came, and five of the nine proved to be the right type, and Prestheena received more blood. For the first week Prestheena's status ranged from semiconscious to wild delirium, and it was not easy to give her an intravenous injection, to say nothing of a blood transfusion. She received only one half pint at a time, and with all but one transfusion she had some sort of reaction. It necessitated a nurse to sit with her for the whole duration of the transfusion, and Prestheena received every drop of the valuable donated blood.

With her raging temperature, an order for "Force Fluids" was a foregone conclusion, but it was not so easy to carry out, her tongue was swollen, her lips cracked and painful from fever and vitamin deficiency. After a few days we inserted a Levine tube, and the orders day and night read: 2 ounces by mouth every 2 hours, 2 ounces by tube every hour. This was of course in addition to the I.V.'s of Glucose, Saline, Vitamins.

After three weeks at home without proper nursing care, our patient already had large red pressure areas when she was admitted. In addition to our home-made alcohol and soap back-rub lotion, we dug out a tin of carefully hoarded Johnson's baby powder, that had once come out in a box from the U.S.A. We also found a few samples of Lilicone cream. This precious ointment was applied only by the ward supervisor herself, and I feel quite sure that it prevented the almost inevitable bedsores at the time we were battling for Prestheena's life.

By Friday, five days after admission, Prestheena's blood and general condition had improved sufficiently to try some Chloromycetin. It was impossible for the patient to swallow the large capsules, and she insisted that we take the powder out and give it to her. Chloromycetin is as bitter as Quinine or gall, but Prestheena took it bravely with hardly a grimace. We could have put it through the tube, but we could not afford to waste even a little of the precious powder in "the long tube". Despite the bitter taste, the patient never failed to say "thank you", at least with her eyes—after every medication or treatment. When she was conscious enough to know what we were doing, she would smile gratefully at us. During

the days when Prestheena was semi-conscious or even delirious everything went down the Levine tube—medicines, egg with milk, baby cereal.

Our one ray of hope, that Friday morning as we started her on Chloromycetin, was all but extinguished that very afternoon when the patient went into cardiac failure with pulmonary edema setting in while she was having an I.V. following a blood transfusion. When her respiration changed suddenly, becoming rapid, rattling and labored, the I.V. was discontinued, and the doctor notified. She was there within a matter of a minute when Prestheena was apparently breathing her last. Her chest was full of fluid, and each breath sounded like the gurgling of a drowning person. Aminophyllin, Digoxin and Atroline were given intravenously immediately but to no avail. Finally as a last hope the doctor gave her 25cc. of 50% Glucose. Whether it was the Glucose, the combination of drugs or just the hand of Providence saying: "I don't want you yet", her breathing became slowly less labored, and she rallied just a little.

The Aminophyllin was repeated in three hours and the Digoxin in the evening. Prestheena's chest began to clear up—but by this time we were faced with a new problem. The patient started to have a few irregular labor pains. The fetal heart sound that had been weak and feeble all along could no longer be heard. We all held our breath. If Prestheena would have her baby now, we would surely lose her. It would have been the last straw in her critical condition—but somehow it passed over and after another four days we all were surprised to hear again the fetal heart, stronger than it had ever been.

In addition to Kaolin we gave a variation on the milk molasses treatment. (The milk and molasses is one in the litany of special treatments I had once remembered in Nursing Arts, and had promptly forgotten until I did a bit of reading up on typhoid nursing.) There was only one minor drawback—no molasses!! This was solved after a consultation with Sr. M. Th. Pauline (in charge of the kitchen). Jaggery, a type of crude brown sugar can be cooked down until it's almost like molasses.

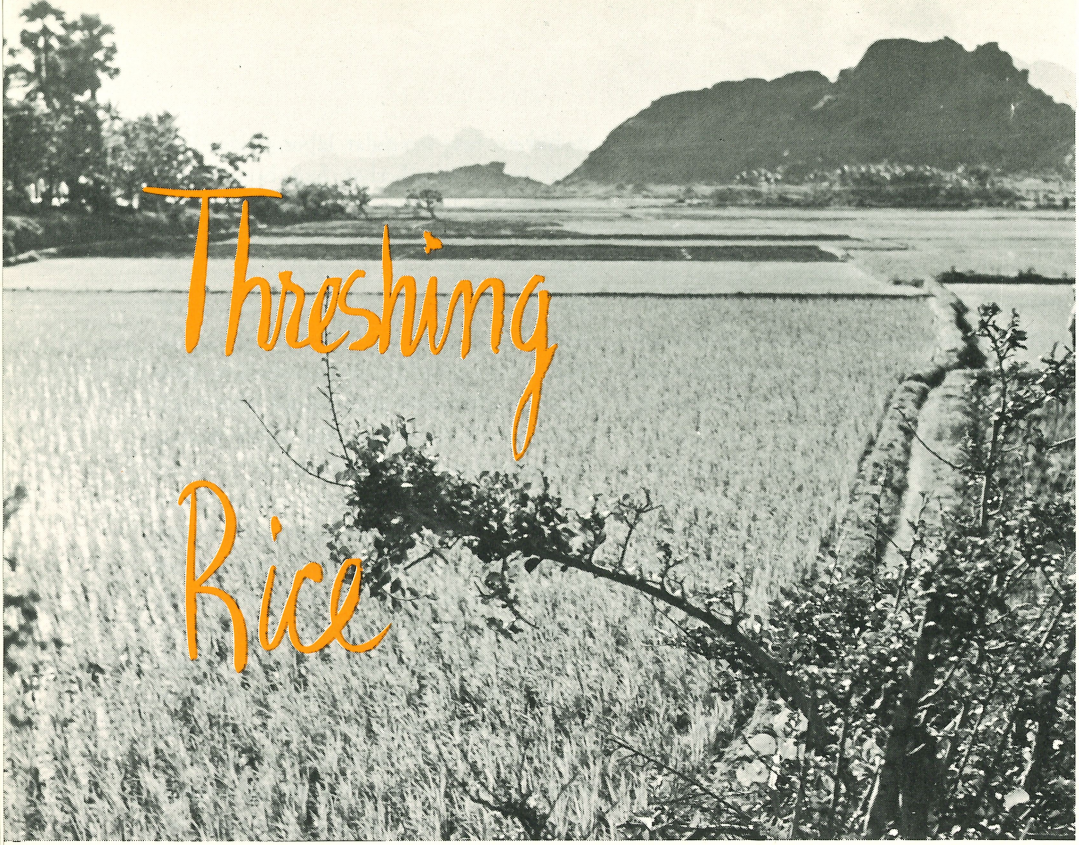
Prestheena was with us for forty-four days. She had a mild infection during the last four days which promptly responded to Thiosulphyl. She was still carrying her child, and returned two months later to the hospital for normal delivery of a baby girl.

Yes, Prestheena was one of the most challenging and most interesting patients I had in recent months!

R. I. P.

Please pray for our benefactors recently deceased:

His Excellency William T. Mulloy, Covington, Kentucky.
Rev. Richard D. Murphy, Notre Dame, Indiana.
Rev. Patrick M. McGinnis, Philadelphia, Pa.
Brother Xavier, C.S.C., Chicago, Illinois
Bart A. Collins, D.D.S., Philadelphia, Pa.
Mr. James DeHaven, Philadelphia, Pa.
Mr. Henry J. Gallagher, Sr., South Ozone Park, N.Y.
Mrs. Mary Leary, Margate, N.J. (Mother of Sr. M. deSales, S.C.M.M.)
Mr. James F. McGrath, Richmond Hill, N.Y.
Mrs. Marie Carroll Walsh, Philadelphia, Pa.
Mrs. Charles Ward, Rochester, N.Y.
Mr. Paul Sigmund, Wyncote, Pa.



Threshing Rice

Sister M. Bede, R.M.T.

The Feast of the Holy Family was a real family feast for us. Six of us from Kottayam were invited to join our sisters in Changanacherry for a boat picnic, on a motor-launch, which we gladly did. Sixteen of us started out at 10:00 a.m. and didn't return to the hospital until 7:00 p.m. The average speed was not much more than ten m.p.h. Boats must be careful of the walls surrounding the rice fields, especially at this season when the paddy is nearly ripe. Too much speed could cause a break, and the whole field be ruined.

Canals take the place of roads here, and how people can find their way is beyond me. All one sees are rice paddies and coconut trees, and they all look alike. But the sisters who know the area know where one person's property ends and another's begins. We went to what is known as the "Kile" or backwaters. This area is reclaimed land. About 15-20 years ago it was all under water and useless for cultivation. For a nominal fee, one man ventured to buy from the government the portion he was interested in, and succeeded in making it suitable for rice paddies. Now he is called the "King of Cultivators".

We occupied the time mainly by singing. The Malayalam melodies are very nice. Little stories are told by repeating the same musical phrases over and over, but for some reason the musical pattern isn't monotonous.

We arrived at the place for our dinner about 2:00 p.m. and steps which led

into the water looked so inviting we were tempted to dangle our feet in the water. However, the people insisted we go into a building. We did so, and had to sit at a table for our picnic. In no time we had a small audience so we climbed back into the boat and continued until we arrived at a place where rice was being threshed. The whole procedure was explained to us, but one has to see it to appreciate it fully.

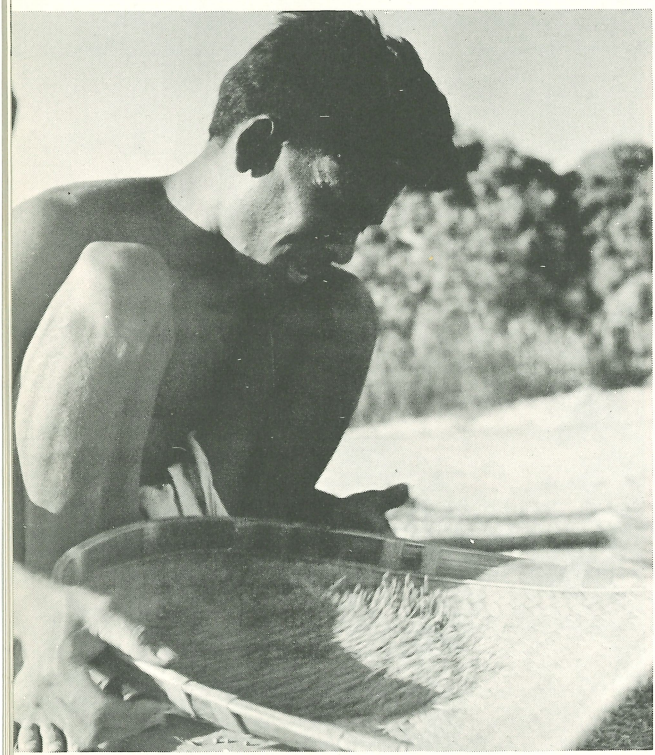
A large section of land near the water has a special floor made for threshing. No one was reaping since is was Sunday, but many were threshing. The master—the son of the man I referred to earlier—esti-

Working the bunch with their feet.

mated 300 people were there—men and women in various colored garments and moving constantly. It was a beautiful sight to see so many people, all holding on to a bamboo pole. The poles are placed about the height of the neck, and while they thresh the people hold on, similar to our "chin-up" poles. . . I know I could never do the work they did! The grain is hard and the stem part is rough—they work the bunch with their feet, like we knead bread dough. They fold the ends in, and as they work the bunch falls to the floor. Each bunch is worked with quite a while, then shaken apart and the whole process repeated. When finished, the stems are a bit softer. Each harvester is

Threshing rice.

Pumping water for the rice fields.



Shaking the rice grains to get the bad ones out.

expected to process what he reaps —and he has to thresh it on his own time. These people are not paid by the day. Rather, for every 10 measures they thresh, they get one measure, and it's considered a good wage. After threshing the paddy is put into a large pile and two coolies work together to separate the chaff from the grain. Special cone-shaped baskets are used. One man stands about 4-5 feet above the ground and receives the basket from the other. He tosses the grain into the air and the wind carries away the chaff. They get paid by the day—and they work fast when driven by necessity. It was most fascinating to watch the whole procedure. But those poor people—they stand in the hot sun all day, and I'm sure their legs must get itchy and their feet sore. We were told that a machine had been tried for threshing but since it removed the husk around the rice, it couldn't be used. When the husk is removed, the rice must be cooked the same day.

After that little episode we went further on and stopped to see a man working to pump the water from the rice paddies into the river. At a certain stage of growth, the water has to be removed from the fields. Some of the sisters had a good time standing there with a very simple fish pole—a stick and a string — actually catching. We had four in less than 15 minutes. A little boy baited the hook with parts of a small fish he had cut up, and of course he removed the catch each time. We certainly had a good time, and learned a great deal, too.

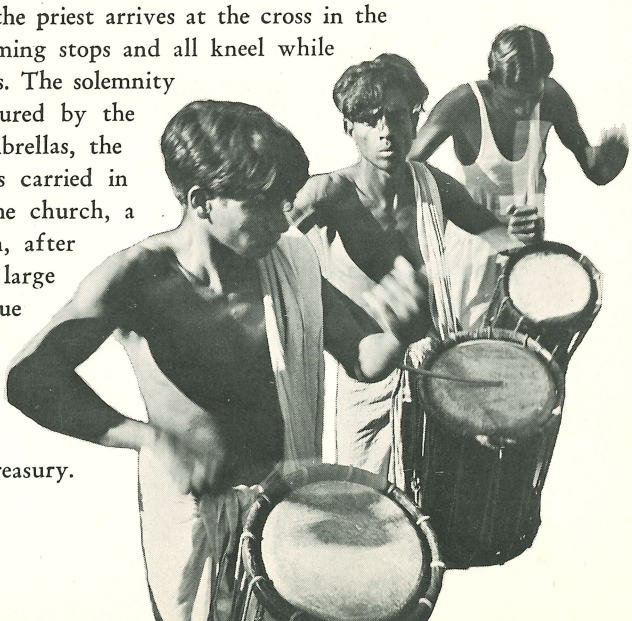
CHRISTIAN FESTIVAL

Sister M. Th. Carmel, R.N.

If we turn to the memories of our childhood we see that certain dates are marked with golden letters. Among them the one which is most thrilling and delightful to recall is that of the parish church feast. Some feasts are celebrated solemnly, but that of the patron saint is doubly so. Each year an individual will be elected from among the members of the parish society, popularly known in our mother tongue as *Darasenna Semooham*. He promises to celebrate the feast as solemnly as he can. It is considered a great privilege to celebrate the parish feast, and those who can afford it will spend thousands of rupees, for this opportunity comes only once to each individual. The election of the celebrant take place at a "coronation ceremony", when a crown is placed on the head of the man chosen to celebrate the feast in the following year.

When we were little we used to save our money for this occasion, because it was one day on which we were allowed to buy anything and everything we liked.

A week before the feast a flag is raised in the churchyard by the pastor and parishioners. Prayers are chanted and drums beat as the flag is slowly raised. The evening before there are fireworks, cannons, drums and orchestras. On the feast day a Solemn High Mass begins about 10:30 a.m. after which a famous preacher gives a sermon. The church is beautifully decorated with multicolored streamers, flowers, and lanterns—then the procession around the church begins. The statue of the patron saint is carried after many others, followed by the choir, hundreds of people, and the officiating priest, who carries the relics. The opening of the ceremonial umbrellas at this time is a very beautiful sight. The large umbrellas are made of satin cloth in various colors with ornamental decorations hanging from the edges. The climax of the day is reached when the priest arrives at the cross in the church yard. The music and drumming stops and all kneel while the priest and choir sing the prayers. The solemnity and grandeur of the feast is measured by the number of cannons, ceremonial umbrellas, the statues, and silver and gold crosses carried in the procession. Upon re-entering the church, a blessing with the reliquary is given, after which the faithful kiss the relics. A large box is then placed before the statue of the patron saint to receive the alms and food, such as rice, pepper, and coconut oil. Later these are sold to the people and the proceeds given to the church treasury.



NEWS FROM OUR HOUSES

INDIA

For Church and Country

Here the monsoon is still with us. It has been the heaviest in years and many houses collapsed, naturally many lives have been lost, not only from suffocation but drowning as well.

This evening the Cardinal invited the Catholic Nurses of Bombay to a meeting at the Archbishop's House. As His Eminence mentioned in his letter, it will give him the opportunity to encourage the nurses in their noble work and also to indicate briefly how the nurses may unflinchingly adhere to the ideals of the nursing profession, in the interests of their Church and country. On the Feast of the Assumption we attended the Cardinal's Mass at the Cathedral. He gave a wonderful sermon on patriotism (as August 15 is India's Independence Day). He urged the laity to invoke Our Lady frequently, to help and assist the rulers of the country, in the fulfillment of their duties.

Sr. M. Brigetta, B.S.N.,
Holy Family Hospital
Bombay, India

Sickness in Patna

We have about 160 beds now in the new hospital. The rooms are large and spacious. The TB ward is always full. The patients have TB of any part of the body—TB of intestinal tract, spine, skin, etc. A small girl of about six years came in from the orphanage with a small spongy lesion of the scalp and about one inch above she had an abcess. On taking a culture and biopsy of the lesion abcess, it was found she had TB of the scalp, probably secondary to lung. These are things I've only read about before.

There is also a great deal of TB of the spine. These patients are put in a body cast to rest the part affected. One day one of the Jesuit fathers saw Sister Leonie, M.D. struggling to put a cast on a patient suspended between two operating tables. A few weeks later he produced a heavy iron frame to support a patient on a piece of canvas material like a hammock. It is very clever. The Jesuits have an industrial school and have made many things for the hospital: an OB table for delivery with stirrups, dining room tables, bedpan racks, closets, the electrical work, etc.

Sr. M. Bernardine, C.R.N.A.
Holy Family Hospital,
Kurji, India

AFRICA

Where the Need is Great

Recently I went on the Berekum leprosarium trek with Sister M. Francis, M.D. It was most interesting. There are several new clinics near Banda (North-

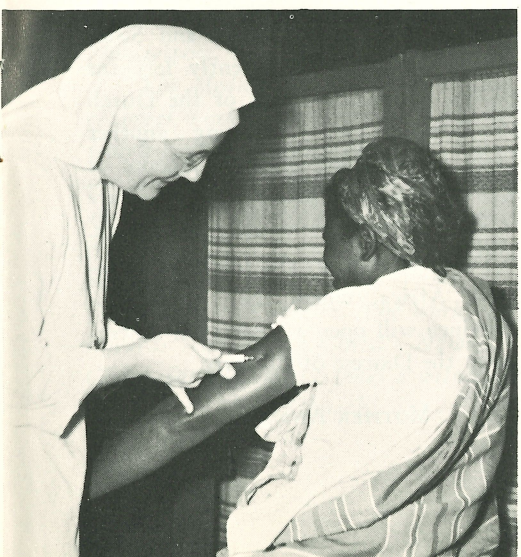
ern Ghana). The people were very gracious and at each village brought gifts of eggs and chickens; very often they were poor and could ill afford to give them, but insisted on our taking them. They are so much in need of medical care. Just two nights before we arrived, they had carried an obstructed labor case on a litter ten miles along a bush path until they reached the road. Next, took her by lorry for another 20 or 30 miles to the nearest clinic. Then, as the lorry driver later told us, "she expired on the spot". You can't imagine the need.

SR. M. CAMILLUS, R.N.
Kokofu Leprosarium, Ghana

Moslem Feast

The Mohammedans have been celebrating all day. It is the closing of their "fast". Four of our laborers had the day off in honor of their feast. This morning a large, colorful procession came down the road with about 400 Moslems dressed in their finest robes. The chief had been to Mecca and was draped in his turban and fez. Three of the "big" chiefs were on horseback. We went out to greet them, and especially to see the horses! They are a rare sight in Ghana. Most of the Mohammedans are from the Hausa tribe of northern Nigeria.

SR. MARIANNE, *Holy Family Hospital, Techiman, Ghana*



Sister M. Marianne, R.N., giving an injection, Holy Family Hospital, Techiman, Ghana.

Sister M. Terence, R.M.T. (left) and Sister M. Simon, D.D.S. chat with a patient in Karachi, West Pakistan.

PAKISTAN

Cardinal Agagianian Visits Karachi

Recently our Sisters in Karachi had the privilege of meeting His Eminence Cardinal Agagianian on two different occasions. This was the first time in history that the Pro-prefect of the Sacred Congregation for the Propagation of the Faith has set foot in the Far East.

The first time he stopped off at Karachi airport, the Cardinal was beginning his tour, and heading for Saigon, where he was to preside at the 1st Marian Congress. Here he met the small courageous group of Catholics of South Vietnam, who only a short while ago resisted and fled from Communism leaving behind them friends and relatives still in the "Church of Silence". The Cardinal continued his tour through countries menaced with Communism, bringing with him an assurance of the Solicitude of the Chief Shepherd of the Flock, whom he represented and the

His Eminence, Cardinal Agagianian, Pro-Prefect of Propaganda Fide, Rome.

prayers of the whole of Catholic Christendom.

As he stepped out of the plane he greeted all with a friendly smile. At the airport to meet him were his Excellency, the Papal Internucio to Pakistan, Monsignor Clarizio; His Grace Archbishop Cordeiro of Karachi; the Clergy, the Religious Congregations and leading members of the Laity. Among the latter were the Catholic ambassadors of France, Spain, Italy and the Philippines, their families and friends, together with groups of parishioners from various parishes in Karachi. He met the Internuncio, the Archbishop and clergy first, and then came over to meet the Sisters. As he approached us the Internuncio introduced us as "The Sisters of Holy Family Hospital" and Sister M. Mathew explained more fully our real name "The Society of Catholic Medical Missionaries". Everyone present had a chance to kiss his ring. After this all went to the Airport Chapel to attend his Mass. One of the Karachi Goan choirs sang. All was soon over, and he boarded the plane again for the rest of the journey.

But this was not the end of the story. Imagine our surprise when a short while later the Papal Internuncio invited himself over to celebrate Mass in our little Chapel. When he came he brought with him a lovely little Communion Paten which the Cardinal had left to be given to the different communities who had come to see him. On the back was inscribed: "TO THE SISTERS OF HOLY FAMILY HOSPITAL. G. P. Cardinal Agagianian. KARACHI. FEBRUARY 15th, 1959."

The signature was in his own handwriting, and the Papal Internuncio had his own signature also inscribed in the bottom right hand corner. What a truly great and kind gesture from a Prince of the Church!

Sr. M. Campion, S.R.N.,
Holy Family Hospital,
Karachi, West Pakistan

ROME

A Note from Rome

Sister M. Eleanore, M.D. and Sister M. Magdalena, R.N. recently left for Burma where our Sisters of the Dutch Pro-Province are beginning another Holy Family Hospital in Rangoon. It will be a general hospital but they are starting with the maternity block first.

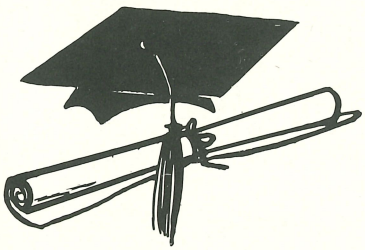
Four other Sisters also left for Nyasaland, Africa, where the Dutch Pro-Province will open a hospital in Palembo in the Diocese of Blantyre.

Mother Anna Dengel, M.D.

Sister M. Mathias, M.D.

DOUBLE GRADUATION

Sister M. Fernande, M.D.



2 SISTER DOCTORS FOR THE MISSIONS

In June, Georgetown University granted a Degree of Medicine to two Medical Mission Sisters—Sister M. Mathias Zimmerman (Fort Laramie, Ohio) and Sister M. Fernande Pelletier (Fort Kent, Maine). Behind this event lies 11 years of preparation . . . entrance into the Society in 1948 after High School graduation, religious training in the Postulate and Novitiate, pre-medical studies at George Washington University and Trinity College in Washington, D.C., and finally four years of medical studies. It took them 11 years to reach this goal and now they have two years of Internship and Residency before them, in their preparation for medical work on the missions. Sister Mathias, M.D. will intern at Misericordia Hospital, Philadelphia, Pa.; Sister M. Fernande, M.D. at St. Francis Hospital, Trenton, N.J.

The Medical Mission Sister doctor practices medicine as an act of charity, a corporal work of mercy. She is the pivotal person in the mission hospital, around which centers the plan of Christ-like and complete care of the patient. Of course, she must be aided by a corps of other sisters, well trained in the various professions allied to that of medicine, and para-medical services. All are religious women whose chief concern is to serve the sick that they may be cared for in the best possible manner, both from the standpoint of professional excellence, as well as with the greatest possible charity. The work of the Sisters thus becomes one corporate effort towards relieving in Christ's Name, some measure of the World's suffering. The Congregation itself becomes a witness to the world in which it works, of the unity and charity of the Church.

First year for a medical student is the most difficult — groundwork, theory, study — hours spent memorizing material which is often dull. Aim is to learn the normal structure and functioning of the human body.

Sr. M. Mathias and Sr. M. Fernande (at microscope) checking a patient's lab work.

Getting ready to go on rounds. Checking patient's charts.

Second year: geared to the study of the pathological and abnormal; what happens to the body in disease; changes that occur; also introduction to dealing with patients; learning to distinguish between the normal and abnormal in the physical examination.

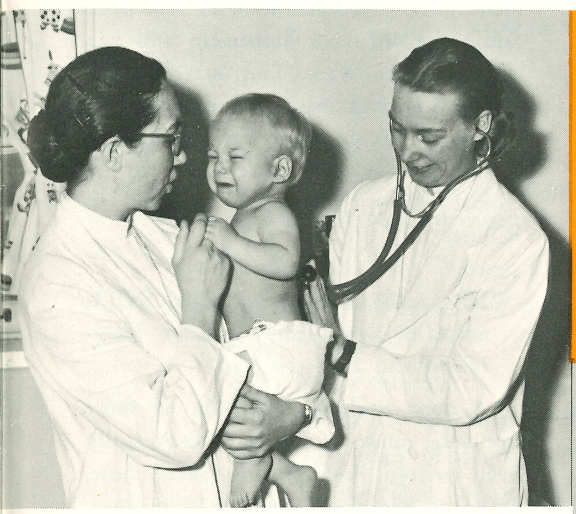
Wheeling a patient into Surgery where a Thyroidectomy will be performed.

Third year: Physical exams are detailed in order to train powers of observation. It often takes 3 to 5 hours to interview, examine, and write up a patient's history and physical findings because of the detail required. Many hours are spent in the laboratory doing routine blood counts, urinalysis and bacteriological studies on patients. Although often a bugbear these hours pay off in the end as one becomes adept at simple but important laboratory procedures. Night call begins in this year often

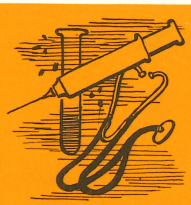
making the days 16 hours long. Often very fatiguing.

Introduced to different types of patients by rotating through the different departments of the hospital. The vastness of the medical field opens up. One begins to take a personal interest in others' problems as the patient looks on the student as a doctor and confides in him. One begins to become aware of the prestige and respect which go along with the physician.

Fourth year: Student is expected to have learned to recognize and look for the abnormal and stress is laid not so much on diagnosis as treatment and management of different types of patients. One learns personal responsibility to the patient. This introduces the student to the need for self-sacrifice on his part and devotion to his patients. The gratitude of patients as well as the feeling of self-satisfaction in helping others makes this year the most gratifying.



Pediatrics. Keeping track of a very young heart.



Medical students participate in research and studies of new medications. Sr. M. Mathias, with patient.

The human body and medical science are a beautiful manifestation of God's omnipotence. This should not lead the doctor to stand aside awed, but should make him aware of, dependent upon, the help of the Divine Physician.

MISSION Books

Sister M. Fabian, B.A.

DECISION FOR CHINA: COMMUNISM OR CHRISTIANITY, by Paul K. T. Sih. Henry Regnery, 1959. 262 pgs. $4.50.

Dr. Sih, Director of the Institute of Far Eastern Studies at Seton Hall University, brings to his study the knowledge and insight of many years' thought and experience. In considering the present struggle between the West and Russia for the "uncommitted third", Asia, Africa and South America, Dr. Sih emphasizes the need for a new view on these areas, for a concept of aid that goes hand in hand with feelings of "genuine partnership" and "fraternal fellowship" to replace the old attitudes of condescension.

In discussing China, Dr. Sih first highlights the cultural and religious heritage of the Chinese, pointing out that an understanding of the importance of Confucian humanism to the Chinese mentality is vital to any consideration of China past, present or future. A brief history of the Western, and Russian, contacts with the Chinese, the mistakes both have made in the past, and what should have been their policies, acts as the springboard for Dr. Sih's look to the future.

Basically, his view is optimistic. He does not think that China is lost either to the Church or to the West. The Church, he maintains, will survive in China, because most Chinese Catholics are villagers, and the man in the village is not changing so dramatically as is the urban dweller. Emphasizing the long standing Chinese good will towards the U.S., and our country's repeated refusal to recognize the Red China government, he is convinced that through Taiwan (Formosa), a combination of American aid and Confucian humanism will win China to the West. This latter idea, if correct, is both interesting and encouraging. A valuable book for the times, it makes definite contributions both to political and to missionary thought on China.

WHY I BECAME A MISSIONER, edited by Rev. George L. Kane. Newman Press. 246 pgs. $3.25.

A very readable collection of short articles, some of them exceptionally well written. Few can tell exactly how, or when the desire to be a missionary began but it is evident from these stories that a happy, normal home life, moderate living conditions and comforts, good fundamental training in the teachings of the Catholic Church and the presence of Catholic magazines in the home are contributing factors to the inception and growth of the desire to be a missionary.

Not one reported anything similar to being hurled to the ground on the road to Damascus but it appears that less forceful methods are just as effective.

Sister Ignatius Marie, B.A.

Mission Wants

Leaving for School, Student Sisters, Washington, D.C.

Mission Want, Number One, for all our missions: More Sisters.

This Fall, there will be 23 Sisters to attend schools of Medicine, Pharmacy, Nursing, Technology, and Liberal Arts. Since Registration must be made now, your assistance in underwriting the following expenses would be greatly appreciated.

3	Medical Students, Tuition, each one year	$1,200.00
	Books for one Sister, one year	125.00
	Laboratory Fees	40.00
	Medical Instruments	160.00
	Maintenance for one Sister, one year	700.00
2	Sister Pharmacy Students, Tuition, one year	850.00
2	Sister Nurses (Coll. Program), Tuition, one year	750.00

Perhaps you know of a business firm or club who could adopt a Sister for one year? Payments could be made on a monthly basis. Tax deductible, it would be a good investment, and you will receive a large share in her apostolate, for your part in her education.

MEDICAL MISSION SISTERS, PHILADELPHIA 11, PA.

Dear Sisters:

I would like to help educate a Sister.....for the missions.

Here is my gift towards it $..... I would like a monthly reminder ☐

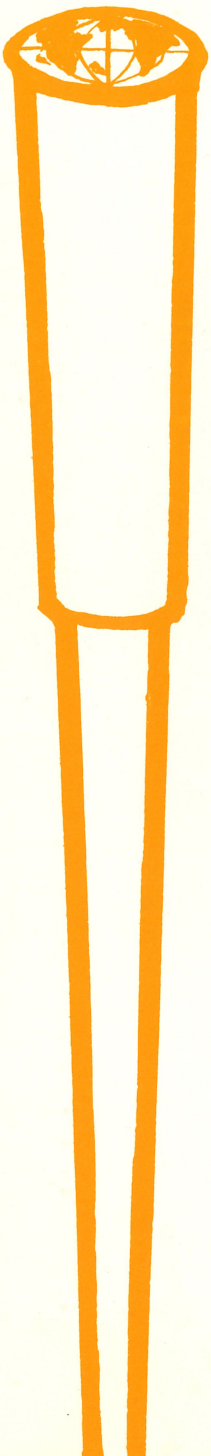
Name .....

Address .....

City ..... Zone..... State.....

through the missionscope

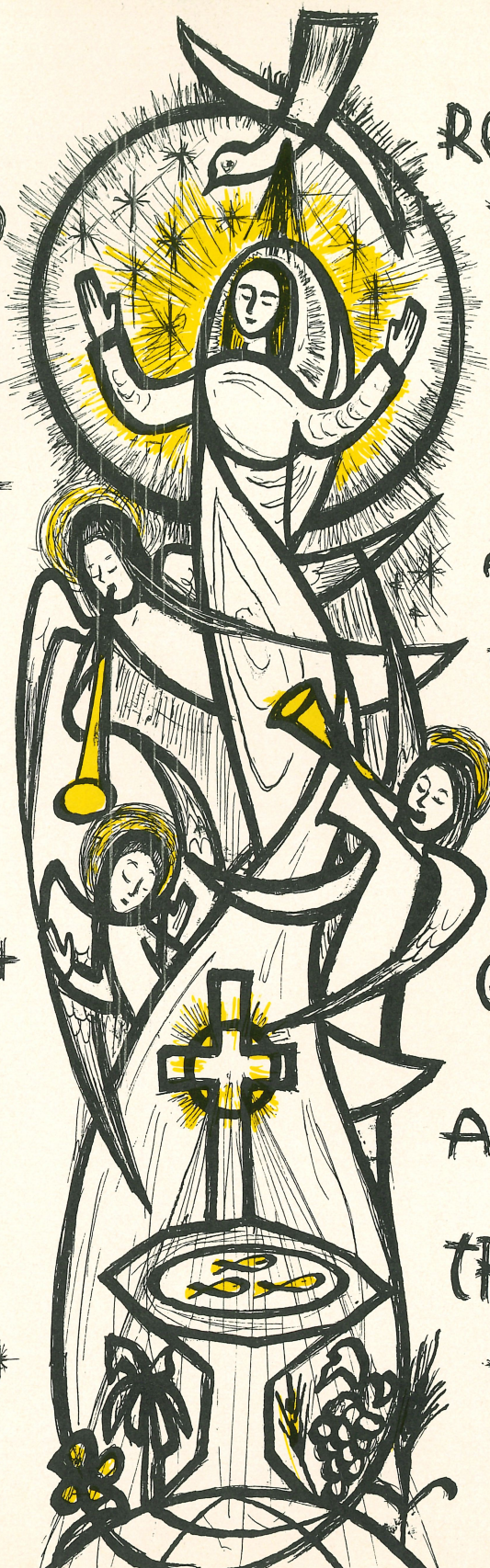
Sister M. Loyola, B.A.



MOROCCO "Themes for Thought of the Church in Morocco", an article published in the Moroccan review *Faits et Idées,* says that Christians in Morocco if they want to be faithful to the Catholic Church's age-old tradition must put forth a threefold effort: "effort of learning (study of Arabic, history, religion, legislation and customs of Morocco); effort of discernment in the face of the cultural and religious tradition of the country and its present evolution; effort of exchange, because a people, a culture, — civilization, can live and perpetuate themselves while remaining deeply themselves, only in the measure in which they know how to enter into a dialogue with others."

INDIA. The Sixth International Conference on Planned Parenthood, which met in New Delhi, India, asked the United Nations to make birth control an integral part of U.N. activities. A resolution addressed to the U.N. Secretary General made the following requests: "That the Food and Agriculture Organization combine a birth control campaign with its efforts to increase food production. That the Human Rights Commission declare freedom of birth control propaganda, among the basic human freedoms. That the W.H.O. provide birth control information as part of its health program. That the Economic and Social Council consider birth control as a chief weapon to improve living standards." The battle over artificial means of limiting birth is raging all over the world and more and more adherents are being won to the cause of birth control. The Church remains the true guardian of the sacred law by which men are forbidden to interfere with the processes of life.

SWITZERLAND An Indonesian who had studied in Europe, Dr. R. Kaptin Aisumarta, gave his opinion on the consideration which foreign students are given in European countries. "The esteem westerners have for colored (foreign) students is concretized in three different attitudes: some consider them as children or needy ones, and try to exercise a paternalistic function. The students have had enough of such paternalism! Others over-estimate them and grow enthusiastic about the wealth of their spiritual life." If we wish to be just in our relationships with them, we must look at them simply as equals: that is the starting point of reciprocal exchange.

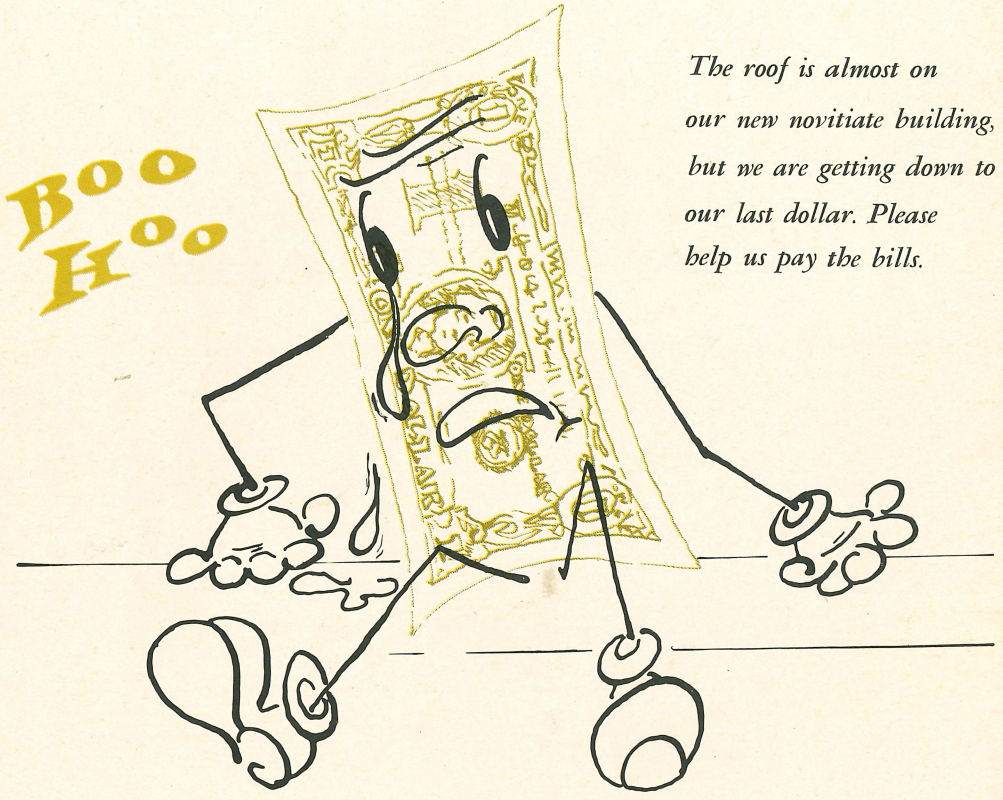


The CHURCH LINKS EVERY-THING + ANGELS MEN AND THINGS to GOD + in HER the GREAT REGENER-ATION + IS ALREADY BEGIN-NING FOR WHICH the ENTIRE CREA-TION + GROAN-ETH AND IS IN + TRAVAIL

DE LUBAC

Mrs. Edward Froehlich
339 Southmont Blvd.
Johnstown, Pa.

We're Down to our LAST DOLLAR...



The roof is almost on our new novitiate building, but we are getting down to our last dollar. Please help us pay the bills.

MEDICAL MISSION SISTERS, PHILADELPHIA 11, PA.

Dear Sisters:

Here is my gift $_____ towards your new novitiate building.

NAME _____

ADDRESS _____

CITY _____ ZONE____ STATE_____